

Questions and Answers
RFP's
7-1-11 to 6-30-13

Question	Answer						
Missed Questions							
The Service Standards call for a signature on the Monthly reports. Our agency sends out reports electronically via email and has a digital signature on it, is this okay?	Yes						
Does the first page of the monthly report have to be a summation of all service standards being provided in a home/family, or can each of the staff providing a service standard do their own complete monthly report?	The first page-(Monthly Progress Report) should be completed by the provider on a monthly basis as a summary for all services provided by the agency, and the Individual Service Standard Monthly Reports should be completed by staff to report on the individual service standard level- so yes they should complete there own complete monthly report but the agency should also give an overall report using the first page.						
Why in the monthly report is "presenting issue" listed over and over 26, 27, and 28? Can't this just be documented once	<table border="1" style="width: 100%;"> <tr> <td>Number of Appointments cancelled by Family</td> <td style="text-align: center;">26</td> </tr> <tr> <td>Number of Appointments cancelled by Provider</td> <td style="text-align: center;">27</td> </tr> <tr> <td>No Shows</td> <td style="text-align: center;">28</td> </tr> </table> <p>These are different questions.</p>	Number of Appointments cancelled by Family	26	Number of Appointments cancelled by Provider	27	No Shows	28
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When will the State choose a "standardized assessment tool"? Purchasing and training on this new tool will need to be reflected in our budgets and mentioned in the Service Standard narratives yet we don't know what the state will require.	A time frame has not been established. The state will take into consideration any costs involved when making a decision.						
What does it mean in the Service Standard "Description" area when it lists "Family Reunification/Preservation" as a service to provide?	Family Centered Services						
When the Service Standard states "The	No, it means that it is not a Medicaid						

SS is not a Medicaid standard and includes services that are not billable to Medicaid", does this actually mean that the services listed under the description areas in the first section are not services/topics covered by Medicaid?	Standard it is a DCS Standard. Some of the services may be eligible for Medicaid payment.
Under that Supervised Visitation SS, can staff have meetings/home visits with the parent/guardian when the children are not present to go over skill building and areas of needed improvement for the next visit? There are times you do not want to discuss areas of improvement when the children are around, can this be done under this SS?	We agree that there are times when it is necessary for privacy with different individual in the Visitation. The private time should be built into the visit.
For Diagnostic/Evaluation SS paid for by the DCS, can these services be done in the home? Or do they have to be completed at our agency site?	In general, these services are provided in the clinic. In some circumstances, with DCS approval, the evaluation could be provided in the home.
Anger Management is the only subject/topic listed on the Counseling SS that is not on the Homebased Family Centered Therapy SS. Can Anger Management be done under the Homebased Family Centered Therapy SS?	Yes
Can an HSPP provide the supervision for both the Counseling SS and the Homebased Family Centered Therapy SS. Is so, please list it - as it is written now they cannot, although they are more than credentialed to do so.	The service standard lists the Minimum Qualifications. An HSPP would be considered qualified to supervise Homebased Family Centered Therapy.
Is there a separate referral we will receive in order to provide Group Counseling so as to bill at that rate?	The referral should indicate if group counseling is being requested. If the referral includes group counseling, then it should be provided and billed at the group counseling rate.
Under the Substance use Treatment, the Intensive Outpatient Treatment IOT rate has \$1.00 next to it. Does this mean a budget is needed for our rate for the program?	This was an error. The correct amount should show as you complete the Application.
Are there going to be Waves like last RFP	No

cycle?	
If we are only allowed a fixed rate for court will we still be allowed to bill for transporting a client to court?	<p>The Court Appearance rate is for the professional to come to court to testify. It is not for the transportation of clients to court. Here is the definition in the Service Standards:</p> <p>Court: The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.</p> <p>If part of the service requested involves providing transportation to the client, then that time may be billable depending on the service standard.</p>
We currently send all of our progress notes, with dates, times, and face to face time spent with the client every month to DCS. All of the county DCS offices we work with are happy with this format. Will this fulfill the requirements for the monthly report or do we have to send it in the specific format that was laid out in the RFP?	Please use the format given.
Shouldn't home-based family centered counseling be paid at a higher rate than office based counseling? Home-based counseling still has an office with overhead costs along with the extra costs of travel time and mileage reimbursement.	The Home-Based Family Centered Therapy rate is higher than the office based counseling rate.
Domestic Violence service standard where you bill per group hour instead of per person, can providers propose to bill per person per group hour instead?	Providers must bill according to the definitions in the service standard.